Charter and Bylaws for
Virginia HIV Community Planning Committee

Article I. Name

The name of the HIV community planning group (CPG) shall be the Virginia HIV Community Planning Committee.

Article II. Mission

The mission of the Virginia HIV Community Planning committee, in concert with the Virginia Department of Health, is to identify the most effective HIV prevention strategies for Virginia. This includes the development of a comprehensive HIV prevention plan and setting priorities for HIV/STD primary and secondary prevention services in collaboration with consumers and providers.

This mission will be accomplished in collaboration with the Virginia Department of Health (VDH) by developing the following key products of HIV community planning.

1. An Epidemiologic Profile that describes the impact of the HIV epidemic in the jurisdiction and provides a foundation for prioritizing target populations;

2. A Community Services Assessment that describes the prevention needs of populations at risk for HIV infection, the prevention activities/interventions implemented to address these needs, and service gaps;

3. Prioritized Populations that focuses on a set of target populations (identified through the epidemiologic profile and community services assessment) that require prevention efforts due to high rates of HIV infection and high incidence of risky behaviors;

4. Appropriate science-based prevention activities/interventions (based on intervention effectiveness and cultural/ethnic appropriateness) necessary to reduce transmission in prioritized populations; and

5. A Letter of Concurrence/Concurrence with Reservations/Non-Concurrence that describes, via a written response from the CPG, whether the health department application does or does not, and to what degree, agree with the priorities set forth in the Comprehensive HIV Prevention Plan.

Article III. Roles and Responsibilities *(from Section V of the HIV Prevention Community Planning Guide)*

Section 1. Role of the Health Department

1. Create and maintain at least one CPG that meets the goals and objects and operating principles described in the *Guidance*.
2. Appoint the Health Department Co-Chair.
3. Ensure collaboration between community planning and other relevant planning processes.
4. Develop the epidemiologic profile and conduct the community services assessment.
5. Provide the CPG with information on other federal/state/local public health services for high-risk populations identified in the comprehensive HIV prevention plan.
6. Assure that CPGs have access to current information (including relevant budget information) related to HIV prevention and analysis of the information, including potential implications for HIV prevention in the jurisdiction.
7. Develop an application to the CDC for federal HIV prevention cooperative agreement funds based on the comprehensive HIV prevention plan(s) developed through the HIV prevention community planning process.

8. Allocate, administer and coordinate public funds (including state, federal, and local) to prevent HIV transmission and reduce HIV-associated morbidity and mortality.

9. Provide regular updates to the CPG on successes and barriers encountered in implementing the HIV prevention services described in the comprehensive HIV prevention plan.

10. Report progress and accomplishments to CDC

Section 2 Role of the HIV Community Planning Committee.

1. Elect the Community Co-Chair(s) who will work with the health department-designated co-chair(s).

2. Review and use key data to establish prevention priorities.

3. Develop a Comprehensive HIV Prevention Plan

4. Collaborate with the health department in reviewing and finalizing key community planning activities.

5. Review the health department application to the CDC for federal HIV prevention funds, including the proposed budget, and develop a written response that describes whether the health department application does or does not, and to what degree, agree with the priorities set forth in the comprehensive IHV prevention plan.

Section 3. Shared Responsibilities between VDH and the HCPC include:

1. Process Management to develop procedures/policies that address membership, roles, and decision making.

2. Membership selection including the development and application of criteria for selecting CPG members.

3. Determining the most effective Input Mechanisms for the community planning process.

4. Providing input on the use of Planning Funds.

5. Providing a thorough Orientation for all new members as soon as possible after appointment.

6. Evaluating the community planning process to assure that it is meeting the core objectives of community planning.

Article IV. Membership

Section 1. Number. The HCPC shall consist of no less than 20 members and no more than 30. A vacancy shall not prevent the HCPC from conducting business. If a potential member represents a demographic category needed, but not currently represented on the HCPC, the Committee may choose to exceed the membership limit in order to achieve appropriate representation.

Section 2. Eligibility. Executive directors of organizations that may compete for HIV-related funding from VDH are not eligible to serve on the HCPC. Staff, volunteers, clients, and members of boards of directors are encouraged to apply. Application for membership is also open to members of governmental organizations and citizens without an agency affiliation.

Membership will be limited to one individual from an agency; however, if job changes result in multiple representations from an agency, those members will be allowed to remain on the HCPC.

Section 3. Term. Members are asked to make a two-year commitment to the HCPC. At that time, members may elect to continue for another two-year term.

Section 4. Appointment and Removal. Nominations for membership are identified through statewide mailings and other public announcements to community-based organizations, local health departments, community services boards and other interested agencies and individuals. Candidates are selected by a Membership Committee made up of the Co-Chairs and two additional HCPC members selected by the Committee. Individuals on the membership committee shall serve a term of two years. Age, race, gender, sexual orientation, HIV status, geographic region, education, and life experiences are considered in conjunction with the expertise of the nominees in order to create a committee that is representative of the epidemic. The Membership Committee's recommendations are brought

before the entire HCPC, with name identifiers removed, for approval and then forwarded to the State Health Department for reference checks and appointment. The nomination process will remain open. VDH will maintain a file of nomination forms. The VDH and community Co-chairs will meet with members who are continually disruptive to the HIV community planning process. If a successful resolution is not reached, the individual may be removed from the HCPC by a two-thirds majority vote of the quorum. This issue will be identified on the agenda for the meeting at which the vote takes place.

Section 5. Representatives. HCPC members may designate a representative to attend a meeting in his or her absence. The HCPC member is responsible for briefing the representative on current issues under review, as well as the roles, responsibilities and other norms the HCPC may have adopted. The representative will not have voting privileges. Any HCPC member who sends a representative to a meeting will not have an absence counted against them. HCPC members may send a proxy vote with the representative for previously announced votes.

Section 6. Vacancies. Vacancies may occur prior to the end of the two-year term. The Membership Committee will make recommendations to the HCPC from the pool of nominees maintained by VDH. If suitable applicants needed to maintain a committee representative of the epidemic cannot be drawn from the existing pool, VDH will advertise a call for additional nominees.

Section 7. Chairs. VDH will select an employee, or a designated representative as one Co-chair, and the HCPC will select the other Co-chair. The Co-chairs share responsibility for guiding the HCPC in accomplishing its mission and goals.

Article V. Governance of Meetings

Section 1. Attendance. Two unexcused or three total absences in a 12-month time period shall be reason for termination of membership. An excused absence is defined as 72 hours advance notification provided to a Co-Chair or VDH staff person, except in cases of illness or emergency. Members will not be considered absent if attending only one day of a two-day meeting. Members will not be considered absent if a representative is sent. This policy shall be in effect only when one month's notice is given for meetings.

Following one unexcused or two total absences, members will receive a letter or email from the Co-Chairs notifying them of their status, reminding them of the attendance policy, offering assistance to facilitate attendance, and requesting a commitment to the process or resignation. Following two unexcused or three total absences, the HCPC will be notified of the pending action, and the terminated member will be notified by letter.

Section 2. Agenda. The agenda will be determined by the members of the HCPC and the Co-chairs. Meeting agendas will be mailed to members prior to each meeting.

Section 3. Open to Public. Meetings of the HCPC are open to the public. Public attendees may comment, as time allows, but may not vote. Individuals requesting time on the agenda to formally address the HCPC must do so by the meeting immediately prior to the date requested. Written comments may also be submitted to the HCPC and must be submitted no later than 10 days prior to the meeting date.

Section 4. Quorum. The HCPC shall have the power to vote on issues only when a quorum is present. A quorum shall constitute one-half (1/2) of the HCPC membership.

Section 5. Decision Making. The HCPC will strive to arrive at decisions by consensus whenever possible. If the HCPC is unable to arrive at a consensus, a majority vote by show of hands will be used to make decisions.

Section 6. Conflict of Interest. In making recommendations to VDH concerning priorities, the HCPC must operate in compliance with all applicable state and local conflict of interest laws. In order to safeguard the HCPC's recommendations from potential conflict of interest, each member shall disclose any and all professional and/or person affiliations with agencies that may pursue funding. A Disclosure Statement form will be completed by each member and kept on file. On issues where an HCPC member's affiliate is the potential recipient of funds, that member may not vote or participate in the discussion.

Section 7. Conflict Resolution. Disagreements that cannot be resolved within the HCPC shall be mediated by the Co-chairs and the parties involved. If the issues still can not be resolved, an outside mediator will be brought in to assist in conflict resolution.

Article VI. Subcommittees and Task Forces

Section 1. General. Subcommittees or task forces may be appointed by a majority vote of the quorum to address specific tasks or to do background work which will then be brought to the entire HCPC for action.

Section 2. Standing Subcommittees. The HCPC shall maintain the following subcommittees: Research, Ryan White (Health Care Services), HIV/STD Integration and Testing (HSIT), and Standards and Practices. The Research and Standards and Practices subcommittees will meet concurrently. The Ryan White and (HSIT) subcommittees will meet concurrently. The subcommittee pairs will meet at alternate HCPC meetings. Each subcommittee will elect a Chair, who will serve a two year term. The chair may be elected for additional terms.

Article VII. Books and Records

The HCPC shall keep meeting summaries of all proceedings of the HCPC and such other books and records as may be required for the proper conduct of its business and affairs.

Article VIII. Amendments

This charter may be amended at any regular or special meeting of the HCPC. Written notice of the proposed Charter change shall be mailed or delivered to each member at least 3 days prior to the date of the meeting. Charter changes require a two-thirds (2/3) majority vote of the HCPC members.

Article IX. Ratification

This charter goes into effect upon a two-thirds (2/3) majority vote of the HCPC quorum.

Article X. Dissolution

The HCPC has been formed to assist VDH in the HIV community planning process. This committee will continue to meet contingent upon funding from the Centers for Disease Control and Prevention.

Adopted: December 5, 2003

Amended: November 2, 2007